

CASH AND SAVINGS HELP PROGRAM (CASH) APPLICATION

The following section must be completed by the member.

As an inactive, vested, noncontributory member of the Arkansas Teacher Retirement System, I am applying for a lump sum payment to be made in exchange for cancellation of my membership in ATRS and understand that by signing below, I forfeit my rights to *any* ATRS retirement benefits. Under the provisions of Act 606 of 2013, this limited time offer entitles me to accept a one-time lump sum payment in lieu of future monthly retirement benefits.

I acknowledge that by accepting this one-time lump sum payment, all of my noncontributory service in ATRS will be canceled. I further acknowledge this one-time lump sum payment is subject to required Federal and Arkansas State Withholding Tax and that ATRS is not responsible for the payment of the tax.

Member's Name _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Member's Telephone Number (work) _____ (home) _____

Waiver of Lifetime Benefits

I have been provided an explanation of the impact of my noncontributory credited service on my lifetime retirement benefits. By receiving this lump sum payment I understand that I am forfeiting all of my noncontributory service credit pursuant to A.C.A. § 24-7-505, and that I am giving up all rights to any future benefits based on these years of service. My receipt of this lump sum payment discharges ATRS from any liability for any portion of my retirement annuity or other benefits based on this forfeited service. I further understand that this lump sum payment cancels my membership and all noncontributory service credit in the Arkansas Teacher Retirement System.

Member's Signature _____ Date _____

Cash and Savings Help Program (CASH) TAX ELECTION FORM

Member's Name _____ SSN _____

For a rollover of funds, check box A (Agreement of Depository Trustee section must be completed below).
For a partial rollover of funds, check box B (Agreement of Depository Trustee section must be completed below).
If you wish the funds to be sent directly to you, check box C (**DO NOT** complete Agreement of Depository Trustee).

A federal (20%) and state (5%) withholding tax is required on any taxable amounts not rolled over.

(Choose all that Apply)

- ☐ A. I elect to have the total amount rolled over to the financial institution listed below (Agreement of Depository Trustee must be completed). **This cannot be a checking or savings account.**
- ☐ B. I elect to have a portion of the taxable amounts rolled over to the financial institution listed below. The amount to be rolled over is \$ _____. (Agreement of Depository Trustee must be completed). The remaining balance paid to me is subject to withholding taxes.
- ☐ C. I elect to have the total amount paid directly to me subject to withholding taxes.

Signature of Applicant _____ Date _____

*Any amounts not rolled over into an eligible retirement account under IRS Code &402(c) are subject to required Federal and Arkansas state withholding requirements. **An additional 10% federal penalty may apply if the payee is under age 59 ½.** You may wish to consult your tax advisor prior to applying for this lump sum payment.*

Agreement of Depository Trustee

In accordance with the above authorization of the depositor named herein, I _____ (print name), as trustee of an eligible retirement plan under IRS Code &402(c), agree to deposit the forthcoming rollover amount from Arkansas Teacher Retirement System into the following account:

Name of Depository Institution _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

Type of Account _____ Account Number _____

Contact Name (Please Print) _____

Signature of Depository Trustee Representative _____ Date _____

FAILURE TO COMPLETE ANY SECTION OF APPLICATION WILL RESULT IN DELAY OF PAYMENT

IRS regulation state we must send you a 1099R tax form to attach to your tax return
Please keep us informed of your current address until you have received your 1099R tax form